

Nomination form.

To determine if your dentist is a participating provider with The Dental Care Plus Group (DCPG), search our online directory at: fad.DentalCarePlus.com. If your dentist is not listed, simply fill out the nomination form below so that we may contact him/her and extend an invitation to begin the process to join our networks. You may also submit the nomination form through the Find a Dentist page (link above).

Please provide the following:

Your Name Today's Date

Employer Name (please do not abbreviate)

Dentist Name

Street Address

City State ZIP Code

County Phone

May we use your name in our recruiting efforts with your dentist? Yes No

Please return completed form with your enrollment application:

By email: providerrelations@dentalcareplus.com

By fax: (513) 618-3881, Attn: Provider Relations

By mail: The Dental Care Plus Group, Attn: Provider Relations, 100 Crowne Point Place, Cincinnati, OH 45241

The completion of this form is a request for DCPG to begin the recruitment process with your dentist. This does not guarantee that your dentist will become a participating provider.

For more information, call (800) 367-9466 or visit DentalCarePlus.com.

T H E P L U S I S S E R V I C E